



Superannuation lump sum pre-payment statement

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

! The ATO does not collect this information. This form is to assist you in providing superannuation lump sum details to your member.

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

P I C S U P E R F U N D

2 Postal address

P O B O X 1 0 1 7

Suburb/town/locality

O X E N F O R D

State/territory

Q U D

Postcode

4 2 1 0

3 Australian business number (ABN) or withholder payer number

1 5 4 9 4 8 9 6 0 7 4

4 Authorised contact person

Title: Mr Mrs Miss Ms Other

Family name

B R O D E R I C K

First given name

C A R M E N

Other given names

5 Daytime phone number (include area code) 0 4 0 8 7 9 6 3 1 3

Section B: Member's details

6 Your full name

Title: Mr Mrs Miss Ms Other

Family name

B R O D E R I C K

First given name

C A R M E N

Other given names

7 Current postal address

P O B O X 1 0 1 7

Suburb/town/locality

O X E N F O R D

State/territory

Q U D

Postcode

4 2 1 0

8 Date of birth 0 4 / 0 5 / 1 9 5 7

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date / /

10 Superannuation lump sum components

Taxable component

Taxed element \$, .

Untaxed element \$, .

Tax-free component \$, .

Total amount \$, .

11 Preservation amounts of the superannuation lump sum

Preserved amount \$, .

Restricted non-preserved \$, .

Unrestricted non-preserved \$, .

Total amount \$, .

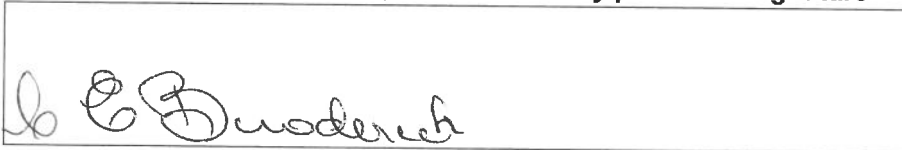
! The total amount of the superannuation lump sum components must equal the total amount of the preservation amounts.

Section D: Superannuation provider's signature

12 Date the statement is issued to the member / /

13 Member is to return statement by / /

14 Superannuation fund's, ADF's, RSA's or annuity provider's signature



Date

/ /

➤ Give this statement with 'Part 1' completed to your member and wait for their payment instructions.

PART 2 – MEMBER TO COMPLETE

! You must complete 'Part 2' of this statement to give payment instructions to your super provider.

Section E: Cash amount

1 Pay me a gross cash amount of: \$, .
I understand that this amount may be subject to tax.

! You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.

Section F: Rollover payment

2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)

3 Fund ABN

4 Superannuation fund, ADF, RSA or annuity provider postal address:

Suburb/town/locality

State/territory

Postcode

5 Member account number

6 Roll over an amount of: \$, .

! If you want to roll-over your payment to more than one superannuation fund, ADF, RSA or annuity provider, you must provide separate instructions for each fund, RSA or annuity provider. You can photocopy this statement to do this.

Section G: Member's declaration

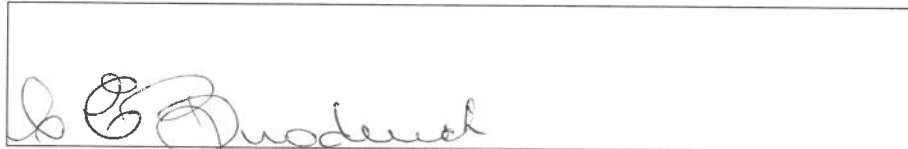
➤ The ATO does not collect this information. Your superannuation fund is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence if you do not quote your TFN. However, not quoting your TFN could delay the processing of your application. For details regarding your privacy rights you should contact your superannuation fund.

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters)

C A R M E N D R O P E R I C K

Signature



Date

Day

Month

Year

12 / 06 / 2012

➤ Give this completed statement to your super fund.

⚠ You should keep a copy of the statement for your records for a period of five years.